

Paid Family Leave NOTICE OF COMPLIANCE



**Paid Family
Leave**

Paid Family Leave insurance coverage provided by: **MUTUAL OF OMAHA INSURANCE COMPANY**

INSERT INSURER NAME HERE

Covering employees of: **VANDERHOUWEN & ASSOCIATES, INC.**

INSERT EMPLOYER NAME HERE

Paid Family Leave is employee-funded insurance that provides eligible employees job-protected, paid time off to:

- (BOND with a newly born, adopted, or fostered child;
- (CARE for a family member with a serious health condition (see paidfamilyleave.ny.gov for eligible family members); or
- (ASSIST loved ones when a spouse, domestic partner, child, or parent is deployed abroad on active military service.

Paid Family Leave Request Process:

1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.
2. Complete and submit the ***Request for Paid Family Leave (Form PFL-1)*** to your employer.
3. Complete and attach the additional documentation as instructed on the request form and submit to your employer's insurance carrier listed below. Submit within 30 days after the start of your leave to avoid losing benefits.

You may obtain all forms from your employer, their insurance carrier listed below, or online at PaidFamilyLeave.ny.gov/Forms.

Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave

INSURER OR AUTHORIZED NEW YORK SELF-INSURER INFORMATION

Name: Mutual of Omaha Insurance Company Telephone: (800) 999-3309

Address: 3300 Mutual of Omaha Plaza, Omaha, NE 68175

Policy#: GMNY6X008D01-0001 Effective date from: 12/01/25 to 12/01/26

☒ Statutory ☐ Under a plan or agreement

Class(es) of employees covered: ALL ELIGIBLE EMPLOYEES WORKING IN NEW YORK

For more information, visit PaidFamilyLeave.ny.gov or call (844) 337-6303

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD
THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.